Professional Services Fee Schedule Local Codes

Code	Description	Maximum Fee	Payment Policy Reference
	Claimant - Private transportation, per mile	State Rate	To reimburse claimant costs
	Claimant - Parking	By Report	To reimburse claimant costs
0403A	Claimant - Bridge ferry tolls	By Report	To reimburse claimant costs
0405A	Claimant - Commercial fare (airlines, railroad)	By Report	To reimburse claimant costs
	Claimant - Lodging (hotel/motel)	State Rate	To reimburse claimant costs
0407A	Claimant - Breakfast	State Rate	To reimburse claimant costs
0408A	Claimant - Lunch	State Rate	To reimburse claimant costs
0409A	Claimant - Dinner	State Rate	To reimburse claimant costs
0411A	Claimant - Time lost from work to attend department or self-insurer requested IME	By Report	To reimburse claimant costs
0412A	Claimant - Travel related to a department or self-insurer requested exam	State Rate	To reimburse claimant costs
0413A	Claimant - Miscellaneous travel (must specify)	State Rate	To reimburse claimant costs
0414A	Claimant - Taxi one way, or mileage	By Report	To reimburse claimant costs
	Claimant - Replacement of clothing	By Report	To reimburse claimant costs
	Lumbar seat support	By Report	To reimburse claimant costs
0424A	Claimant - Wheelchair accessories/supplies/ batteries	By Report	To reimburse claimant costs
0425A	Claimant - Oxygen supplies/miscellaneous	By Report	To reimburse claimant costs
0426A	Silicone elastomer/scar conformer	By Report	To reimburse claimant costs
0440A	Weight loss program, joining fee, worker reimbursement	\$135.89	To reimburse claimant costs
0441A	Weight loss program, weekly fee, worker reimbursement	\$27.18	To reimburse claimant costs
2050A	Level 1: Chiropractic care visit (straightforward complexity)	\$36.17	Professional Services, Page 58
2051A	Level 2: Chiropractic care visit (low complexity)	\$46.33	Professional Services, Page 58
2052A	Level 3: Chiropractic care visit (moderate complexity)	\$56.44	Professional Services, Page 58
4570A	Claimant - Misc. medical supplies (must specify)	By Report	To reimburse claimant costs
0010E	Ankle weight purchase	By Report	To reimburse claimant costs
0012E	Wrist weight purchase	By Report	To reimburse claimant costs
8901H	Attendant services by department approved spouse provider (per hour)	\$11.22	Professional Services, Page 84
8902H	Nursing home or residential care (group home, boarding home)	By Report	Facility Services, Page 112
8906H	Facility hospice care (per day)	By Report	Facility Services, Page 112
8907H	Home health agency visit, RN (per day)	\$131.10	Professional Services, Page 84
8912H	Home health agency visit, RN, each additional visit (per day)	\$55.13	Professional Services, Page 84
8914H	Home modification, construction and design	By Report	Professional Services, Page 94
8915H	Vehicle modification	By Report	Professional Services, Page 94
8916H	Home modification evaluation and consultation	By Report	Professional Services, Page 94
8917H	Home/vehicle modification mileage, lodging, airfare, car rental	State Rate	Professional Services, Page 94
8918H	Vehicle modification initial evaluation or consultation	By Report	Professional Services, Page 94
8920H	Vehicle modification follow up consultation	By Report	Professional Services, Page 94
	Comprehensive brain injury evaluation	\$3,649.08	Professional Services, Page 111
8951H	Brain injury rehab program- full day	\$651.62	Professional Services, Page 111

Code	Description	Maximum Fee	Payment Policy Reference
	Brain injury rehab program- half day	\$390.98	Professional Services, Page 111
	Work hardening - Interview	\$102.74	Professional Services, Page 56
	Work hardening - Evaluation, per hour (max 5 hours)	\$102.74	Professional Services, Page 56
	Work hardening - Plan development	\$102.74	Professional Services, Page 56
	Work hardening - Week 1 - cond./aerobics, per hour (max 8 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 1 - work simulation, per hour (max 8 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 1 - conference	\$51.38	Professional Services, Page 56
	Work hardening - Week 2 - cond./aerobics, per hour (max 8 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 2 - work simulation, per hour (max 15 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 2 - conference	\$51.38	Professional Services, Page 56
	Work hardening - Week 3 - cond./aerobics, per hour (max 8 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 3 - work simulation, per hour (max 20 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 3 - conference	\$51.38	Professional Services, Page 56
	Work hardening - Week 4 - cond./aerobics, per hour (max 10 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Week 4 - work simulation, per hour (max 25 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Discharge conf.	\$102.74	Professional Services, Page 56
	Work hardening - Preparation, per hour (max 2 hours)	\$102.74	Professional Services, Page 56
	Work hardening - Body mech./education, per hour (max 6 hours)	\$41.36	Professional Services, Page 56
	Work hardening - Coordination, per hour (max 2 hours)	\$102.74	Professional Services, Page 56
	Work hardening - Job coaching, per hour (max 2 hours)	\$102.74	Professional Services, Page 56
	Attending physician final report (PFR)	\$33.41	Professional Services, Page 91
	Loss of earning power form (LEP)	\$9.40	Professional Services, Page 91
	Review of job descriptions or job analysis, each additional review	\$16.71	Professional Services, Page 93
	Physical capacities evaluation (PCE) or restrictions	\$21.33	Professional Services, Page 91
	Review of job descriptions or job analysis	\$33.41	Professional Services, Page 93
	Time loss notification	\$9.40	Professional Services, Page 91
	Report of industrial injury or occupational disease/ report of accident (ROA)	\$25.58	Professional Services, Page 91
	Application to reopen claim	\$25.58	Professional Services, Page 91
	Physical medicine modality(ies) and/or procedure(s) by attending doctor not board qualified/certified in PM&R	\$37.81	Professional Services, Page 55
	Performance-based physical capacities evaluation with report and summary of capacities.	\$619.67	Professional Services, Page 54
	Provider mileage, per mile, when round trip exceeds 14 miles.	\$4.27	Professional Services, Page 92
	Doctor's estimate of physical capacities	\$21.33	Professional Services, Page 91
	Occupational disease history form	\$161.17	Professional Services, Page 92
	Supplemental medical report (SMR)	\$15.81	Professional Services, Page 92
	Opioid progress report supplement	\$15.81	Professional Services, Page 92
	Claimant - per diem lodging/meals	By Report	
	Attending doctor review of independent medical exam (IME)	\$34.12	Professional Services, Page 92
1064M	Initial report documenting need for opioid treatment	\$33.41	Professional Services, Page 92

	Description	Maximum Fee	Payment Policy Reference
	IME - Microfiche processing	\$37.05	Medical Examiners' Handbook
	IME - Microfiche additional fee	\$37.05	Medical Examiners' Handbook
	IME - Tele call or conference	\$29.62	Medical Examiners' Handbook
	IME - Complex fee, per examiner	\$259.27	Medical Examiners' Handbook
	IME - Addendum report	\$74.07	Medical Examiners' Handbook
	IME - Physical capacities	\$19.60	Medical Examiners' Handbook
	IME - Limited, single	\$221.62	Medical Examiners' Handbook
	IME - No show fee	\$129.64	Medical Examiners' Handbook
	IME - Standard, single	\$322.37	Medical Examiners' Handbook
	IME - Complex, single	\$402.95	Medical Examiners' Handbook
	IME - Repeat	\$259.27	Medical Examiners' Handbook
	IME - No show fee, single examiner, standard or complex	\$185.19	Medical Examiners' Handbook
1112M	IME - Additional examiner	\$287.06	Medical Examiners' Handbook
	IME 2 examiners	\$583.37	Medical Examiners' Handbook
	IME - Repeat exam - 2 examiners	\$407.44	Medical Examiners' Handbook
	IME 3 examiners	\$870.45	Medical Examiners' Handbook
	IME - Repeat exam - 3 examiners	\$611.15	Medical Examiners' Handbook
	IME - No show fee, each examiner scheduled	\$138.90	Medical Examiners' Handbook
	IME by psychiatrist	\$583.37	Medical Examiners' Handbook
	IME - Repeat IME psychiatrist	\$407.44	Medical Examiners' Handbook
	IME - No show fee, psych	\$287.06	Medical Examiners' Handbook
	IME - Pain management rating (IME - PAIN CLINIC)	\$222.23	Medical Examiners' Handbook
—	IME - L&I discretion	By Report	Medical Examiners' Handbook
	IME - Physician travel per mile; allowed when round trip exceeds 14 mi.	\$4.27	Medical Examiners' Handbook
	IME - Complex fee, unanticipated	\$129.64	Medical Examiners' Handbook
	IME- Occupational disease history	\$161.17	Medical Examiners' Handbook
	Impairment rating exam and report by attending doctor, limited	\$221.62	Professional Services, Page 74
	Impairment rating exam and report by attending doctor, standard	\$322.37	Professional Services, Page 74
	Impairment rating exam and report by attending doctor, complex	\$402.95	Professional Services, Page 74
	Impairment rating exam and report by consultant, limited	\$221.62	Professional Services, Page 74
	Impairment rating exam and report by consultant, standard	\$322.37	Professional Services, Page 74
	Impairment rating exam and report by consultant, complex	\$402.95	Professional Services, Page 74
	Nurse case management phone calls, per 6 minutes	\$8.46	Professional Services, Page 90
	Nurse case management visit, per 6 minutes	\$8.46	Professional Services, Page 90
	Nurse case management case planning, per 6 minutes	\$8.46	Professional Services, Page 90
	Nurse case management travel/wait time, per 6 minutes	\$4.16	Professional Services, Page 90
	Nurse case management mileage, per mile	State Rate	Professional Services, Page 90
1225M	Nurse case management travel expenses (parking, tolls, ferry, lodging, airfare)	State Rate	Professional Services, Page 90

Code	Description	Maximum Fee	Payment Policy Reference
	UR Contract: Prospective review - inpatient	Contracted	
	UR Contract: Prospective review - outpatient	Contracted	
	UR Contract: Retrospective outpatient review	Contracted	
	UR Contract: Retrospective inpatient review without bill audit	Contracted	
	Pain clinic contracted service	Contracted	
	Pain clinic contracted service	Contracted	
	Pain clinic contracted service	Contracted	
	Disability Prevention Eval. w/ extended PT/OT eval.	\$1,177.58	For approved DPE providers only
	Disability Prevention Evaluation	\$970.28	For approved DPE providers only
	Interpreter mileage, per mile	State Rate	Professional Services, Page 89
	Interpretive services provided directly between the health care or vocational provider and the claimant, per	\$1.00	Professional Services, Page 89
	Assist claimant with completion of insurer form, per minute	\$1.00	Professional Services, Page 89
	Wait time for an appointment that does not begin at the scheduled time, per minute.	\$0.50	Professional Services, Page 89
	Interpreter "no show" wait time when a claimant does not attend an insurer requested IME, per minute	\$0.50	Professional Services, Page 89
	Document translation at insurer request, per minute	\$1.00	Professional Services, Page 89
	Retraining, plan travel, mileage	State Rate	
	Retraining, plan travel, parking	By Report	
	Retraining, plan travel, bridge/ferry toll	By Report	
	Retraining, plan travel, commercial transportation	By Report	
	Retraining, relocation costs	By Report	
	Job modification	By Report	Professional Services, Page 94
	Pre-job accommodation	By Report	Professional Services, Page 94
	Plan development services, non-voc	By Report	
	Pre-job or job modification consultation, non-VRC, per 6 minutes	\$9.37	Professional Services, Page 96
	Work evaluation, non-voc, per 6 minutes	\$7.71	Professional Services, Page 96
	Travel/wait time, non-VRC, per 6 minutes	\$4.24	Professional Services, Page 94 & 9
	Mileage, non-VRC, per mile	State Rate	Professional Services, Page 94 & 9
	Ferry charges, non-vocational	State Rate	Professional Services, Page 94 & 9
	Early intervention services, VRC, per 6 minutes	\$7.71	Professional Services, Page 94
	Early intervention services, intern, per 6 minutes	\$6.55	Professional Services, Page 94
	Assessment services, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
	Assessment services, intern, per 6 minutes	\$6.55	Professional Services, Page 95
	Work evaluation, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
	Pre-job or job modification consultation, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
	Pre-job or job modification consultation, intern, per 6 minutes	\$6.55	Professional Services, Page 95
	Plan development services, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
	Plan development services, intern, per 6 minutes	\$6.55	Professional Services, Page 95
0840V	Plan implementation services, VRC, per 6 minutes	\$7.71	Professional Services, Page 95

Code	Description	Maximum Fee	Payment Policy Reference
0841V	Plan implementation services, intern, per 6 minutes	\$6.55	Professional Services, Page 95
0881V	Forensic services, forensic VRC, per 6 minutes	\$9.25	Professional Services, Page 95
0882V	Testimony on VRC's own work, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
0883V	Testimony on intern's own work, intern, per 6 minutes	\$6.55	Professional Services, Page 95
0884V	AGO witness testimony, VRC, per 6 minutes	\$7.71	Professional Services, Page 95
0891V	Travel/wait time, VRC or forensic VRC, per 6 minutes	\$3.86	Professional Services, Page 95
0892V	Travel/wait time, intern, per 6 minutes	\$3.86	Professional Services, Page 95
0893V	Professional mileage, VRC, per mile	State Rate	Professional Services, Page 95
0894V	Professional mileage, intern, per mile	State Rate	Professional Services, Page 95
0895V	Air travel, VRC, intern, or forensic VRC	By Report	Professional Services, Page 95
R0310	Retraining tuition fees incl parking	By Report	To reimburse claimant costs
	Retraining supplies	By Report	To reimburse claimant costs
R0315		By Report	To reimburse claimant costs
R0320		By Report	To reimburse claimant costs
R0330	Retraining transportation mileage	By Report	To reimburse claimant costs
R0332	Retraining parking	By Report	To reimburse claimant costs
R0334		By Report	To reimburse claimant costs
R0336	Retraining commerical transportation	By Report	To reimburse claimant costs
R0340	Retraining books	By Report	To reimburse claimant costs
R0350	· · ·	By Report	To reimburse claimant costs
R0360	Retraining board	By Report	To reimburse claimant costs
R0370		By Report	To reimburse claimant costs
R0390	Retraining child care licensd 6 hr/less	By Report	To reimburse claimant costs
		By Report	To reimburse claimant costs
V0028	Travel, vocational services, claimant	State Rate	To reimburse claimant costs